

TITLE VI- NOTICATION TO THE PUBLIC

Options, Inc. operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Options, Inc.

For more information on Options, Inc. civil rights program, obligations and complaint procedures, please contact:

Brenda Geldert, Executive Director
Phone: 763.263.3684
brendageldert@options-inc.org

You may also visit our office at:
16820 197th Avenue NW, Big Lake, MN 55309

A Title VI complaint may also be made by contacting the Title VI specialist at the Minnesota Department of Transportation, Office of Civil Rights. The contact information is:

Minnesota Department of Transportation
Office of Civil Rights, Mail Stop 170
395 John Ireland Boulevard

St. Paul, MN 55155-1899
Phone: 651.366.3073
Fax: 651.366.3129

If this information is needed in another language or format, please contact 763.263.3684.

TITLE VI- COMPLAINT PROCEDURE & FORM

Options, Inc. is committed to ensuring that no person is denied access to its transit services on the basis of race, color, or national origin as outlined by Title VI of the Civil Rights Act of 1964, as amended. If a person believes that he/she has been denied transit services because of race, color, or national origin, then a complaint may be filed with the transit agency by completing the form below. Title VI complaints must be filed within 180 days from the date of the alleged discrimination.

The following information is necessary to help us process your discrimination complaint. If you require assistance in completing this form, please contact Executive Director Brenda Geldert at 763.263.3684. Please return the completed form to Options, Inc. at 16820 197th Avenue NW, Big Lake, MN 55309.

Your Name: _____

Primary Telephone Number: _____

Alternate Telephone Number: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Person(s) Discriminated Against: _____

Date of Alleged Discrimination: ____/____/____

Please describe the alleged discriminatory incident. If possible, provide the names and titles of any and all Options Inc. employees involved. Explain what happened and whom you believe was responsible for the denial of service. Please use the back of this form if additional space is required.

Have you filed a complaint with any other federal, state, or local agencies?

____ Yes

____ No

If you answered yes to the above question, please provide us with the information for each agency below. If you need more space, please use the back of this form.

Agency Name: _____

Contact Person: _____

Telephone Number: _____

Address: _____

City/State/Zip: _____

Date Complaint Filed: ____/____/____

Agency Name: _____

Contact Person: _____

Telephone Number: _____

Address: _____

City/State/Zip: _____

Date Complaint Filed: ____/____/____

Certification of Complaint:

I affirm that the information provided is a true, complete, and accurate account to the best of my knowledge and belief. I have not omitted any relevant information, nor have I intentionally provided any information out of context relative to the denial of service.

_____/_____/_____
Complainant's Signature Date

Options, Inc. will respond within 10 business days of receipt of this properly completed form.

For Options, Inc. use only

_____/_____/_____
Complaint Received By: Date

_____/_____/_____
Investigation Completed By: Date